Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Darren Thomas, a prisoner at HMP Cardiff, on 6 March 2014

A report by the Prisons and Probation Ombudsman
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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Darren Thomas was murdered in his cell at HMP Cardiff on 6 March 2014. He was 45 years old. I offer my condolences to Mr Thomas' family and friends. In April 2015, Mr Colin Capp, who shared the cell with Mr Thomas, was convicted of his murder.

Homicides in prisons are rare and identifying likely perpetrators can be difficult. Mr Capp had some risk indicators for violence, but a greater number of indicators for suicide or self-harm. Both he and Mr Thomas were regarded as vulnerable. When Mr Capp first arrived, he was allowed to share a cell before a manager had assessed his risk, despite being convicted of arson, which is an acknowledged indicator of high risk to others. There was no further multidisciplinary review of his cell sharing risk assessment, even after three successive cellmates asked to move away from him because of his paranoid and bizarre behaviour. Mr Capp did not have a full mental health assessment, as should have happened. Despite these frailties in the risk assessment process, I recognise that Mr Capp's actions were sudden and unexpected and it would have been very difficult for prison staff to have predicted or prevented Mr Thomas' murder.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners (save for Mr Thomas's cellmate Mr Capp) involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **March 2016**

Contents

Summary

Events

1. Mr Darren Thomas had a history of dependence on heroin and alcohol. He had a number of convictions for begging and was homeless. On 28 February 2014, Mr Thomas breached the terms of an antisocial behaviour order (ASBO) and was sentenced to 84 days in prison. Staff described him as quiet, timid and frail. He was allocated a cell on B1 landing, a landing for prisoners who find it difficult to cope on the main wings.

2. In July 2012, while under the influence of alcohol, Mr Colin Capp had tried to kill himself by setting fire to his room in a shared house. He was remanded to HMP Cardiff, charged with arson. In March 2013, Mr Capp was admitted to a psychiatric hospital for assessment before sentencing. He was returned to prison at the end of May after increasingly threatening behaviour in hospital. The psychiatrist who treated him said he did not have a mental disorder that warranted detention in hospital or further mental health intervention. On 6 June 2013, Mr Capp was sentenced to 32 months for arson. In November 2013, he was released on licence from HMP Parc.

3. Mr Capp's mental health deteriorated and he was recalled to prison on 6 February 2014 because his offender manager said his risk could no longer be managed in the community. He arrived at Cardiff on 7 February and was managed under Prison Service suicide and self-harm prevention procedures (known as ACCT). He appeared vulnerable and quiet but voiced paranoid thoughts. Three successive prisoners asked to stop sharing a cell with him.

4. On 4 March 2014, he moved to a shared cell on B1 landing with Mr Thomas. In the early hours of 6 March, officers discovered Mr Thomas dead in the cell. In April 2015, Mr Capp was convicted of murdering Mr Thomas.

Findings

5. We had concerns about the reception risk assessment procedures at Cardiff, which did not identify Mr Capp's risk to himself or others sufficiently well. His cell sharing risk assessment should have been reviewed at a multidisciplinary meeting when his bizarre and paranoid behaviour led other prisoners to stop sharing a cell with him. Mr Capp should have had a full mental health assessment at Cardiff, but this was never done.

6. Mr Capp's apparent vulnerability, withdrawn demeanour and suicidal thoughts overshadowed the indicators that he might be a danger to others. It is possible that better assessments might have led to a conclusion that he should not share a cell, which in turn might have prevented Mr Thomas' death. However, we recognise that even with a full mental health review and a multidisciplinary review of his cell sharing risk assessment, it is unlikely that staff would have recognised the extent of his risk to others.

Recommendations

- **The Governor should ensure that prisoners with risk indicators for cell sharing do not share a cell until a manager has assessed the risk based on all the evidence and that a multidisciplinary team reviews the risk for sharing when a prisoner's behaviour indicates a possible change.**

- **The Governor and Head of Healthcare should ensure that the prisoners identified as at risk of suicide and self-harm are referred urgently for a prompt mental health assessment.**

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Cardiff informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. The investigator visited Cardiff on 27 March 2014 and obtained copies of relevant extracts from Mr Thomas' and Mr Capp's prison and medical records. Our investigation was suspended at the request of the Crown Prosecution Service and resumed after the conclusion of Mr Capp's trial in May 2015. We regret the consequent delay in issuing this report.

9. Health Inspectorate Wales (HIW) commissioned reviews of Mr Thomas' and Mr Capp's clinical care at the prison. Both reviewers and an assistant ombudsman interviewed eight staff at Cardiff on 4 and 5 June 2015. The clinical reviews contain a number of recommendations about healthcare services at Cardiff, not repeated in this report, which the Head of Healthcare will need to address.

10. The investigator interviewed five members of staff at Cardiff on 1 July 2015. She spoke to one member of staff, Mr Capp's offender manager and a doctor from outside hospital by telephone.

11. We informed HM Coroner for Cardiff and Vale of Glamorgan District of the investigation. We have sent the coroner a copy of this report.

12. One of the Ombudsman's family liaison officers contacted Mr Thomas' family, to explain the investigation and that it would be suspended until the outcome of Mr Capp's trial. The family liaison officer contacted Mr Thomas' family again when we resumed our investigation, to ask if they had any matters they wanted the investigation to consider. They raised a number of issues that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

Background Information

HM Prison Cardiff

13. HMP Cardiff is a local prison holding about 800 men. The prison primarily serves the courts of South Wales. Cardiff and Vale University Health Board is responsible for delivering primary physical and mental health services in the prison.

Her Majesty's Inspectorate of Prisons

14. The most recent inspection of HMP Cardiff was in March 2013. Inspectors reported that the prison was busy and overcrowded. The population was transient and many prisoners served short sentences. Action plans from Prisons and Probation Ombudsman's investigations indicated some changes in practice. Reception, first night and induction arrangements were good. Reception was very busy but reception processes were thorough and staff interviewed prisoners in private. Inspectors found that the quality of ACCT documents was variable. Relevant triggers were missed, action plans were weak and post-closure checks were not done well. Too few prisoner records had entries from their personal officer.

15. B1 landing was a safe environment for prisoners requiring a higher level of support. Staff were specially selected to work there and had successfully reintegrated a number of prisoners to standard wings. Prisoners on B1 were positive about their environment and the care staff gave them.

Independent Monitoring Board

16. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to August 2014, the IMB noted that there had been three deaths at Cardiff during the reporting period. They noted that PPO recommendations had been fully implemented and special attention had been given to new prisoners arriving in reception.

17. The IMB considered the management of prison health services had improved since Cardiff and Vale University Health Board took over in 2013. Some areas of concern remained including mental health services, communication within and outside the department and some training issues.

Previous deaths at HMP Cardiff

18. Mr Thomas' death was the only homicide at Cardiff since the Prisons and Probation Ombudsman began investigating deaths in prison in April 2004. Investigations into self-inflicted deaths in 2012 and 2013 identified problems with risk assessment of new prisoners. A more recent investigation also identified concerns about risk assessment during the reception process and that no one fully assessed the man's mental health.

Assessment, Care in Custody and Teamwork (ACCT)

19. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner.

20. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be irregular to prevent the prisoner anticipating when they will occur. There should be regular multi-disciplinary review meetings involving the prisoner. As part of the process, a caremap (plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions of the caremap have been completed.

21. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

B1 Landing

22. B1 landing holds up to 35 prisoners who find it difficult to cope on the main wings. There are no formal admission criteria and prisoners are accepted on a case by case basis for a variety of reasons, including physical disability, poor physical health, mental health problems and vulnerability to bullying or violence. B1 staff check the records of prisoners new to the landing for indicators of violence or bullying.

Key Events

Mr Darren Thomas

23. Mr Darren Thomas had a history of dependence on heroin and alcohol. He had a number of convictions for begging, was homeless and suffered from epilepsy. On 21 November 2011, a court imposed an antisocial behaviour order (ASBO) preventing him from entering Cardiff city centre between 8.00am and 8.00pm for three years. He breached the ASBO 12 times between July 2011 and January 2014 and served a short sentence each time. On 25 January 2014, he reportedly took an overdose of paracetamol.

24. On 28 February 2014, Mr Thomas breached the ASBO again and was sentenced to 84 days in prison. A court custody officer completed a suicide and self-harm warning form and noted that Mr Thomas had taken an overdose on 25 January and had been very quiet in the court cells. Mr Thomas' person escort record (PER - a document which accompanies all prisoners when they move between police stations, courts and prisons) referred to the overdose and that he was a heroin user and had epilepsy.

25. At an initial health screen at HMP Cardiff that day, Mr Thomas told a nurse that he suffered from epilepsy and had his medication with him. He said he drank 300 units of alcohol a week and was homeless. The nurse said she knew Mr Thomas from previous sentences and described him as quiet, timid and frail. He made little eye contact and gave short answers but this was normal for him. He looked unkempt and shaky but did not show signs of withdrawal from alcohol. (He had completed an alcohol withdrawal programme at HMP Bristol and been released from there only four days previously.) Mr Thomas did not want to engage with the prison drug and alcohol recovery service and signed a form to confirm this.

26. Mr Thomas said he had no mental health issues or thoughts of suicide or self-harm and reported no other problems. He asked to go to B1 landing. The nurse said he usually went there because he was vulnerable to bullying. She completed the healthcare section of Mr Thomas' suicide and self-harm warning form to indicate that she did not consider he was at risk and did not need to be supported by ACCT suicide and self-harm prevention procedures. A reception officer also interviewed Mr Thomas and concluded that he was not at risk of suicide and self-harm. Mr Thomas stayed in the induction unit until a cell became available on B1.

27. On 1 March, a nurse saw Mr Thomas for a further, more detailed health assessment and concluded that Mr Thomas did not need to be referred to the mental health team. A doctor prescribed Mr Thomas' usual medication for epilepsy but did not examine him.

28. On 4 March, Mr Thomas moved from the induction unit to a shared cell with Mr Colin Capp on B1 Landing.

Mr Colin Capp

29. Mr Colin Capp had been sexually abused by a family friend and taken into local authority care when he was six. He moved between a number of children's homes and foster placements. When he was a teenager, he spent some time at a secure children's home. He had a history of substance misuse, had attempted suicide and harmed himself by cutting his arms, taking overdoses and threatening to jump from a football ground floodlight. When he was 14, his 16 year old brother killed himself. In 2011, he was convicted for sending threatening messages and possession of amphetamines. Mr Capp was originally from Scotland but moved to South Wales to make a fresh start in September 2011.

30. On 4 July 2012, while under the influence of alcohol, Mr Capp tried to kill himself by setting fire to his room in a shared house. He told his offender manager (probation officer), that he was upset after talking to Scottish police about the man who had sexually abused him when he was a child. He said he had planned to hang himself away from the house, but had decided to set a fire instead, in case a child found his body. He said he felt deeply depressed, had recently broken up with his girlfriend and had no reason to live. On 5 July 2012, he was remanded to HMP Cardiff, charged with arson.

31. On 20 September, a consultant forensic psychiatrist assessed Mr Capp for a court report. He recorded that Mr Capp was mentally disordered, had a history of self-harm, substance misuse, low mood and second and third party auditory hallucinations (hearing voices). Mr Capp said that he often had problems containing his anger, sometimes had violent thoughts and had the potential to harm people. The consultant forensic psychiatrist considered that Mr Capp might have drug induced psychosis, schizophrenia or complex post-traumatic stress disorder (PTSD). He recommended that Mr Capp should be detained under the Mental Health Act 1983, for assessment at outside hospital.

32. On 8 October, in a pre-sentence report, his offender manager described Mr Capp as a high risk of harm. He said Mr Capp's poor mental health meant that his risk to himself and the public was unpredictable and would only be reduced if he had appropriate mental health treatment.

33. On 1 November, a consultant forensic psychiatrist from outside hospital, assessed Mr Capp for an additional court psychiatric report. She concluded that Mr Capp had a history suggesting conduct disorder in his formative years but did not have current symptoms of schizophrenia. She thought his auditory hallucinations were alcohol induced because they had improved with abstinence in prison. She considered that Mr Capp did not suffer from a mental disorder, which needed further psychiatric intervention.

34. On 15 December, a third report for the court, written by a doctor, (which we have not seen but which was summarised in subsequent reports by two doctors) concluded that Mr Capp was mentally disordered at the time he set the fire. The doctor said his symptoms were not sufficient to diagnose schizophrenia and were exacerbated by his traumatic childhood and use of alcohol and drugs. It was more likely that Mr Capp was, "suffering from abnormal personality traits and low mood which amount to a depressive disorder". He recommended that Mr Capp should be assessed in a psychiatric hospital.

35. The court accepted the two doctors' recommendation that Mr Capp should be assessed in a psychiatric hospital before his trial. A consultant forensic psychiatrist from a medium secure mental health unit was commissioned to assess what level of security Mr Capp needed in hospital. The consultant forensic psychiatrist interviewed Mr Capp at Cardiff on 7 March 2013. In her report of 12 March, she said Mr Capp's history of hearing voices, paranoid ideation, depression, substance misuse and flashbacks to abuse suggested schizophrenia, complex trauma and drug-induced psychosis. She agreed that Mr Capp was fit to plead and stand trial but that he should first be assessed in a psychiatric hospital to determine a diagnosis and treatment. She said, because Mr Capp had lit the fire in the context of suicidal thoughts and substance misuse, he was suitable for admission to outside hospital in low security conditions.

36. A 'B' Wing officer told the investigator she remembered Mr Capp from this period in Cardiff. She said he had not been assessed as at risk of suicide and self-harm and had shared a cell without any incident. He was quiet and polite. He had seemed quite serious and mature for his age and did not speak to many people. She said she saw no indication that Mr Capp had mental health problems and had been surprised when he told her that he was going to outside hospital for assessment. Mr Capp was not under the care of the mental health team at Cardiff at the time and his only interaction with healthcare staff was for minor physical health problems.

37. On 27 March 2013, Mr Capp was admitted to outside hospital for a three month assessment. At first, he was described as bright, chatty and willing to engage. In April, he began to challenge the ward rules and his level of observation. He verbally threatened staff when they challenged him. Mr Capp shared sadistic fantasies about harming his stepmother and the Queen. Mr Capp said that, when he was at Cardiff, he had threatened to cut a cellmate's eye out with a sharpened plastic knife, if he did not stop teasing him. He said that officers had not known about this. Staff thought he was trying to get a reaction or to shock. The majority of his medical assessments indicated he did not have psychotic symptoms.

38. In May, Mr Capp threatened to set fire to the ward when his access to the TV was restricted. He threatened to harm his consultant forensic psychiatrist several times but stopped when told she was considering making a formal complaint to the police. On 25 May, Mr Capp became verbally abusive and was given benzodiazepines (sedatives) and antipsychotics (sometimes used for agitation) to manage his behaviour. On 26 May, he made seven minor burns to his arm with a cigarette. The consultant forensic psychiatrist requested a court hearing to terminate his assessment a month early, after Mr Capp threatened to escalate his behaviour and set fires.

39. In her report to the court dated 31 May, the consultant forensic psychiatrist said that Mr Capp had not shown consistent signs of psychotic symptoms, post-traumatic stress disorder or mood disorder during his period in outside hospital. She wrote:

> "He did however present with a behaviour pattern including; controlled use of anger to challenge ward boundaries and to threaten professionals; persecutory interpretation of everyday events which did not amount to delusional belief; lack of concern for the feelings of the victims of his threats; disregard for ward rules; low tolerance for frustration; a tendency to boost his self-image by stating he could cause serious harm to others including the Queen; a tendency to give inconsistent information and an inability to form lasting relationships. It is my view that such a behaviour pattern suggests mixed personality traits with dissocial and emotionally unstable personality traits."

40. The consultant forensic psychiatrist said Mr Capp did not have a mental disorder that warranted detention in hospital or further intervention by mental health services or secondary mental health services. She said that if Mr Capp received a prison sentence he would benefit from working with the substance misuse team and from psychological support, in the form of a thinking skills and anger management course. She said his potential for self-harm should be risk managed.

41. On 30 May 2013, the court directed Mr Capp's discharge from hospital and he went back to HMP Cardiff. At an initial health assessment, he told a nurse that he was feeling very low and felt he might harm or kill himself. He was not sure why he had been transferred from hospital, as he felt he had been making progress there. The nurse began ACCT suicide and self-harm prevention procedures and asked officers to allocate Mr Capp to a 'safer cell' (designed to have fewer ligature points), as there was no space in the healthcare unit. She made an urgent referral to the mental health in-reach team.

42. On 31 May 2013, a community psychiatric nurse from the in-reach team assessed Mr Capp, by speaking to his consultant forensic psychiatrist by telephone. She did not see Mr Capp. The community psychiatric nurse recorded that the consultant forensic psychiatrist told her that Mr Capp had an antisocial personality disorder with psychopathic traits but the ward staff had not reported any serious mental health symptoms. She said the consultant forensic psychiatrist told her hospital staff were concerned that Mr Capp was exaggerating his symptoms in order to get a mental health diagnosis and the burns he had made to his arms appeared calculated rather than impulsive. Hospital staff regarded Mr Capp as something of a fantasist and he had reportedly threatened to kill both his consultant forensic psychiatrist and the ward manager if they sent him back to prison. She said he claimed to have stabbed people before, but there was no evidence of this in his police record.

43. The consultant forensic psychiatrist told the community psychiatric nurse that Mr Capp would be suitable for counselling after he was sentenced, but not with a student counsellor (because they would not have the experience or skills to meet Mr Capp's needs). She thought the primary mental health team could manage him and noted he would need more support around the anniversary of his brother's suicide.

44. On 5 June 2013, the mental health in-reach team discussed Mr Capp at their weekly meeting. They decided to refer him to the primary mental health team and to decide whether to consider him for counselling, after he was sentenced.

45. On 6 June 2013, Mr Capp was sentenced to 32 months for arson with intent. A nurse from the primary mental health team went to see him on 11 June, but Mr Capp told her he did not want any help from the mental health team at the time.

46. On 8 July, he was transferred to HMP Parc. The nurse who completed an initial health assessment referred him to the mental health team because of his history. He declined to attend three subsequent appointments with a mental health nurse and said he did not want to work with mental health services.

47. On 9 September, a mental health nurse assessed him because officers were concerned about his behaviour. Mr Capp said he was feeling low and was not sleeping. He described having frequent flashbacks to when he was sexually abused as a child. The nurse gave him some literature on post-traumatic stress disorder and made him an appointment for the following week. He did not keep that appointment but saw the same nurse on 28 September. He told her he was feeling low and thinking about suicide but did not want to talk to her. Mr Capp saw another mental heath nurse on 12 October. He said he was isolating himself in his room because he was worried he would hurt someone if provoked. He said he intended to carry a pen to use as a weapon to defend himself in the community. Mr Capp did not go to any more appointments at Parc.

48. On 4 November 2013, Mr Capp was released on licence from Parc and moved to a hostel in Cardiff. His new offender manager said in a statement to police that Mr Capp initially attended a course on fire safety as required and behaved well at the hostel. However, in mid-January 2014 he became concerned about Mr Capp's mental health. Mr Capp reported feeling paranoid and was worried he was being followed by people who wanted to kidnap him. His offender manager said he was low in mood and had negative thoughts. He was frustrated that he had to stay living at the hostel.

49. On 31 January 2014, Mr Capp was admitted to outside hospital as a voluntary patient. (This meant he was not detained under the Mental Health Act 1983 and was free to leave when he wanted.) He told his offender manager that he was worried he would be recalled to prison. The same day, Mr Capp's father contacted probation services and reported that Mr Capp had told him he would kill himself if he returned to the hostel. Mr Capp remained at outside hospital for assessment. His Admission Avoidance Assessment (the initial assessment that confirms the reason for admission and care plan) described him as volatile, paranoid and threatening to kill himself.

50. On 5 February, the offender manager, Mr Capp's father, brother and hostel key worker attended a care plan assessment at the hospital. A consultant psychiatrist, the ward psychiatrist and a community psychiatric nurse were also present. It was decided to discharge Mr Capp, with his agreement, because he did not need input from secondary mental health services and there were no grounds to detain him in hospital under the Mental Health Act. Mr Capp agreed to refer himself to local primary mental health services and continue his arson awareness course.

51. Mr Capp returned to his hostel the same day. Later that evening, he cut his wrist with a razor, severing a tendon. Hostel staff reported that he was covered in blood and had threatened them. Mr Capp was taken to Accident and Emergency in an ambulance.

52. On 6 February, a member of the Adult Liaison Psychiatric Team undertook an emergency assessment (the record does not specify who this was). The assessor noted that Mr Capp had told the ambulance crew that he had intended to kill himself and recommended a review by a Specialist Registrar.

53. A forensic psychiatrist from reviewed Mr Capp the same day. Afterwards, he telephoned Mr Capp's offender manager and told him that Mr Capp had threatened to set fire to something if he had to go back to his hostel. The forensic psychiatrist did not consider that Mr Capp needed to be detained under the Mental Health Act, but said he remained at high risk of self-harm. The offender manager and probation managers decided to issue an emergency recall to prison because of Mr Capp's increased risk to himself and others, "most notably in the context of arson-related offending'"

54. Later the same day, Mr Capp discharged himself from hospital and arrived unexpectedly at his offender manager's office. He said he had cut his wrist rather than set fire to the hostel but next time he would set fire to his bed or the building. He said he did not want to go back to the hostel because he was in fear of his safety there and what he might do. The offender manager waited until Mr Capp's father and brother arrived at his office and told Mr Capp that his licence had been revoked. This meant he had to return to prison to serve the remainder of his sentence, which would mean a release date of 6 March 2015.

55. On the licence recall and review report, his offender manager described Mr Capp's behaviour as "volatile, unpredictable and impulsive". He noted Mr Capp had tested positive for cannabis and diazepam when he had been admitted to hospital and the role of substance misuse had played in his index offence. He rated Mr Capp's risk of harm as high – primarily to himself but also to others because of the risk of arson.

56. Mr Capp spent the night at a police station where a doctor assessed him. She was concerned that he might be psychotic and referred him to a mental health nurse from the court liaison team. On 7 February, the nurse assessed Mr Capp. She said he was lucid, coherent and knew why he had been arrested and that he was due to go to prison that day. Before she interviewed him, she read Mr Capp's mental health record from his voluntary stay at hospital from 31 January. She also spoke to staff at the hospital and reported that Mr Capp was well known to mental health services in Scotland and had spent time in low security forensic units with diagnoses of conduct disorder, operational defiance order and antisocial personality disorder with psychopathic traits.

57. The mental health nurse said Mr Capp showed no evidence of psychosis but appeared to want her to think he was psychotic. Mr Capp told her he heard voices and thought someone was out to get him. He said he wanted to go back to prison to "get his head sorted" and would set a fire in order to provoke his recall to prison. He said he was not feeling suicidal. The nurse telephoned Cardiff prison and told the community psychiatric nurse from the in-reach team

that Mr Capp was being recalled to prison for threatening arson. She said she had no major concerns about his mental health, apart from his history of self-harm. His offender manager told the investigator that he also telephoned the prison to tell them to expect Mr Capp and that he was vulnerable. He said someone from the Offender Management Unit agreed to visit reception but we have not seen any record of this conversation or a visit in the information provided by the prison.

58. Mr Capp arrived at Cardiff the same day. His escort record indicated that he was:

- suicidal;
- had committed arson;
- had used scissors to injure someone; and
- had self-harmed using a razor on 6 February.

The information about Mr Capp injuring someone with scissors was taken from his police national computer record (PNC). According to the PNC, it was an alleged attack and took place in 2011.

59. At an initial heath screen, a nurse noted that he had received a report from a mental health nurse who had concluded that Mr Capp had no mental health problems. Mr Capp said he had been assessed in hospital and had attempted suicide while he had been out of prison. He said he had cut his wrist two days before. He said he had not attempted suicide and had not self-harmed in prison and did not currently have suicidal thoughts. The nurse wrote that a recent assessment from hospital had concluded Mr Capp did not have any mental health problems. The nurse wrote on Mr Capp's medical record that he appeared compliant and appropriate.

60. The nurse completed the healthcare section of Mr Capp's cell sharing risk assessment (CSRA), which is designed to identify prisoners at risk of seriously assaulting or killing a cellmate in a locked cell. He noted he had access to Mr Capp's medical records and wrote, "normal location" in the box for comments and sharing considerations.

61. An officer interviewed Mr Capp as part of the reception process. He told her he had been to Cardiff before and did not need a full induction as he knew what was required of him. The officer wrote, "No current thoughts of self-harm or suicide." She completed the first part of Mr Capp's cell sharing risk assessment and noted that she had read his warrant and escort record. In the comments box she wrote, "Self-harm 6/02/14, weapons, previous arson and Section 18 [wounding]. States no thoughts of self-harm/suicide." Prison Service instructions recognise arson as a strong indicator of risk to others, and requires that if any evidence of risk is found a manager must assess the evidence and decide whether the prisoner is standard or high risk. The officer referred Mr Capp for a management assessment. In the meantime, before a manager had assessed the evidence, she decided that Mr Capp was standard risk, meaning he could share a cell.

62. The officer completed the local first night suicide and self-harm screening tool. She ticked the 'no' box in response to the questions, 'is there a current suicide

and self-harm warning form available', 'does the prisoner have current thoughts of self-harm or suicide', 'is it first time in custody', 'does length of sentence cause concern', 'is the prisoner charged with domestic violence offences' and 'is prisoner charged with violent offences against a family member'? She ticked 'yes' to the questions, 'is there historical evidence of self-harm' and 'is the prisoner on licence recall'. She wrote in the comments box, "MR [marker] for threats to set fire if he wasn't brought back to jail. No thoughts of suicide at this time." She wrote on the front of Mr Capp's induction paperwork, "Shared cell please!!" She wrote in the initial observations section, "Been in Cardiff previously, no immediate concerns. Full induction declined."

63. The officer told the investigator she could not recall much about Mr Capp, only that he appeared happy to be back in prison and had no concerns. She said the fact that Mr Capp's index offence was arson meant that he would have been automatically referred for a management review. She did not recall what information she had about Mr Capp's offence but said she usually asked for details, especially if it was arson or violence.

64. The officer said she had written "shared cell please!!" on the cell sharing risk assessment form to indicate that Mr Capp had not presented as odd or as a threat to anyone. She said she had written 'no adverse history' on the cell sharing risk assessment to show that she had seen relevant information, although when interviewed she could not remember what information she had looked at. She said if she had not seen any information she would have put simply, 'no information'. She said if she had had concerns about Mr Capp sharing a cell and he had asked to share, she would have told him that there were no double cells available. Mr Capp moved into a shared cell on C Wing.

65. At about 7.00pm that evening, Mr Capp rang his cell bell and told a supervising officer (SO) that he felt "a bit suicidal". Mr Capp said he felt as if the walls were closing in and he had had enough. He said he had mental health issues. The supervising officer began Prison Service ACCT suicide prevention procedures and decided that Mr Capp should continue to share a cell as he had said he could talk to his cellmate. She advised Mr Capp to speak to the nurse at treatment time the next morning and told him he could have access to the Samaritans telephone and a Listener (a prisoner trained by the Samaritans to provide confidential peer support) whenever he wanted.

66. The supervising officer told the investigator that she remembered that Mr Capp was feeling down in the dumps because he had been recalled to prison. He said he had suicidal thoughts but had not tried to act on them. Mr Capp did not want to be put in a safer cell because he wanted to have things to occupy his mind and wanted a cellmate to talk to. The supervising officer said Mr Capp was a little bit 'peculiar'. He constantly maintained eye contact and his manner was quite intense. She said he was withdrawn, quiet, small and vulnerable.

67. The initial administrative process of ACCT documents at Cardiff is completed by healthcare staff. This means that when one is opened, officers have to ring the healthcare department to get a serial number and a member of healthcare staff notes in the prisoner's medical record that he is being managed under suicide and self-harm procedures. A nurse recorded on Mr Capp's medical record that

an ACCT had been opened. She noted that he was known to the in-reach team from a previous sentence and referred him to the mental health team for assessment.

68. On 8 February, an officer assessed Mr Capp as part of the ACCT procedures. The officer wrote that Mr Capp appeared low and told him he could not cope. He said he had recently been treated in hospital after trying to kill himself. He said he did not know why he had tried to kill himself but that he was better off dead and had repeated thoughts about killing himself by overdose. The officer asked Mr Capp if sharing a cell helped reduce the likelihood he would try to kill himself and Mr Capp said that it probably would. Mr Capp said he was eating but his appetite was poor and he was having difficulty sleeping. He said he had no family in the local area. The officer decided that Mr Capp should continue to share a cell and referred him for a mental health assessment.

69. The officer told the investigator he did not remember Mr Capp. He said, judging from his entries on the ACCT document, that he had been keen for some input from the mental health team. He said his concerns about Mr Capp appeared to be that he was a risk to himself and should be in a shared cell or a safer cell to reduce this risk.

70. Mr Capp's first ACCT case review took place immediately afterwards with an SO and an officer. Mr Capp's risk of self-harm was described as 'raised'. He appeared low and withdrawn but said he was happy that he would be sharing a cell. He said he would speak to staff if he continued to feel low or if he felt like harming himself.

71. The same day, a primary care mental health nurse was on C Wing completing second day health assessments when officers asked her to talk to Mr Capp. The nurse told the investigator that she saw Mr Capp as a crisis intervention because officers were worried about him. Because she was on C Wing to complete second day health assessments, she completed Mr Capp's at the same time. She said she had escorted him to hospital from Cardiff in March 2013, so she knew he had previously been admitted to a mental health unit. She did not know anything of his recent history or why he was back in Cardiff.

72. The nurse said she spoke to Mr Capp on his own in a room on the wing. He was very shy, very quiet and not very talkative. He did not show any symptoms of psychosis and was calm and relaxed. He told her about his history of self-harm and that he had been sexually abused when he was a child. The nurse persuaded him to agree to see the prison's psychotherapist for counselling for his sexual abuse. She said she decided to put him on her primary mental health patient caseload and see him two weeks later, or sooner if he requested it. When she updated Mr Capp's medical record she noted the community psychiatric nurse from the in-reach team's inaccurate entry from 31 May 2013 that the consultant forensic psychiatrist thought Mr Capp had an antisocial personality disorder with psychopathic traits.

73. On 10 February, a custodial manager reviewed Mr Capp's CSRA. (Mr Capp had arrived on a Friday so this was done the following Monday.) If all the evidential documents needed to complete a CSRA are available and no risk factors are identified, then a decision is made without a manager's assessment. In Mr

Capp's case, the officer had noted his offence of arson, which can be an indicator of high risk, and there was also no PNC available, therefore a manager's assessment of his risk category was needed. The custodial manager agreed that Mr Capp should be regarded as standard risk and allowed to share a cell. He told the investigator that he considered Mr Capp's arson offence was an act of self-harm, he did not have a history of violent offending or violence in prison, there were no medical concerns on his CSRA and he was had previously shared a cell without any issues at the prison. He also took into account the fact that Mr Capp was on an ACCT and wanted the support of a cellmate.

74. On 11 February, Mr Capp asked to see a chaplain and said that telephone calls to his mother had been blocked and he believed he would be killed in prison. Mr Capp visited the chapel that afternoon. Later that day, he asked to share a cell with another prisoner who said he would be glad of the company. The supervising officer agreed to this.

75. On 12 February, the mental health in-reach team discussed Mr Capp at a referral meeting and decided to refer him to a psychotherapist for counselling for his childhood sexual abuse.

76. On 14 February, Mr Capp's cellmate asked an officer if Mr Capp could be moved to another cell because every time an officer completed an ACCT check, Mr Capp thought someone was going to come into the cell to beat him up. The prisoner said Mr Capp's paranoia was causing some friction between them. The officer moved Mr Capp to another shared cell.

77. Later the same day, Mr Capp's new cellmate asked if Mr Capp could be moved because his personal hygiene was poor. That evening Mr Capp rang his cell bell and asked if he could move to B1. He appeared agitated and the officer who responded rang the healthcare department who confirmed he had mental health problems and had been referred for assessment by the primary mental health team. The officer wrote that he would contact B1 in the morning.

78. On 15 February, Mr Capp asked an officer if he could move to B1 landing. At the same time, Mr Capp's cellmate asked if he could be moved because he thought Mr Capp was paranoid. The officer contacted B1, but Mr Capp smoked and they only had one space for a non-smoker. The officer spoke to a nurse to find out when they would assess Mr Capp. The nurse said that the in-reach team would see Mr Capp on Monday 17 February. Later that afternoon, the nurse asked a colleague, (a community psychiatric nurse from the in-reach team who was working overtime at the weekend as a primary care mental health nurse), if she would see Mr Capp. The nurse told the investigator that as the community psychiatric nurse was the F Wing nurse that day, she wanted her to check how he was doing, but it was not a formal assessment.

79. The community psychiatric nurse said that F Wing officers had also asked her to speak to Mr Capp because they were concerned about him. Mr Capp told the nurse he did not like it on the main wing because it felt like a dungeon. He felt paranoid and thought he would be tortured and killed. The nurse said Mr Capp had already been referred to a psychotherapist for counselling, but she felt he needed ongoing support from the primary mental health team. His problems did not appear acute enough for him to need input from the in-reach team, which

deals with more serious cases of diagnosed mental illness. She said Mr Capp was unassuming, very quietly spoken and seemed in a low mood rather than anything else. He appeared to be a vulnerable young man on a big and busy wing and she was worried about his risk to himself.

80. On 16 February, an officer wrote on Mr Capp's prison record that he "has been a bit of a drain" on staff time as he "has a knack of getting on his cell mate's nerves with his paranoia". He wrote that Mr Capp was waiting for an assessment by the psychotherapist and a possible transfer to B1 landing.

81. On 17 February, Mr Capp said he did not want to see his offender manager to discuss his recall, because his "head was still fried." Mr Capp had a second ACCT case review later that day with a supervising officer, an officer and a nurse. Mr Capp said he was struggling to cope with his anxiety but was able to calm himself down by talking to his friends. He said he had trouble sleeping and felt tired all the time. The nurse said she would put him on the list to see the GP.

82. On 19 February, Mr Capp told an officer that his head was "fucked up" and he did not think he would still be alive by 26 February, when he had an appointment to see the GP about his anxiety.

83. On 24 February, Mr Capp's third ACCT review took place as planned with a supervising officer and an officer. Mr Capp said he had no current thoughts of suicide or self-harm but said he became very anxious at night. The supervising officer noted that he was due to see the GP about his anxiety on 26 February. She reminded Mr Capp of the support available and he said he sought comfort and support from his cellmate.

84. On 24 February, the psychotherapist telephoned Mr Capp's offender manager. She told him she was due to see Mr Capp on 19 March.

85. On 25 February, the offender manager rang Mr Capp's offender supervisor and asked her if she would explain the terms of his recall to Mr Capp. He said he had visited Mr Capp on 17 February but Mr Capp had not wanted to see him. The offender supervisor went to see Mr Capp that day and explained he had been recalled to prison to serve the rest of his sentence. She said Mr Capp told her he was not happy about it but would not "do anything" in response. The next day he told an officer that he was feeling low because he had been recalled to prison and did not have a release date. (Although he was due to be released on 6 March 2015.) He repeated that he would not harm himself.

86. On 26 February, a doctor examined Mr Capp and prescribed zopiclone to help him sleep. The doctor said Mr Capp was very small, very vulnerable, very unassuming and very quietly spoken. She said she knew from the discussion at the in-reach team meeting on 12 February and from his medical record that Mr Capp had been seriously abused as a child and had a history of suicide attempts and self-harm. He did not show any signs of paranoia but exhibited behaviour consistent with a personality disorder. She said her only concern was that he was vulnerable and needed protecting.

87. On 1 March, an officer wrote on Mr Capp's prison record that his new cellmate was a more "mature and patient" person and they seemed to be getting along.

He said Mr Capp was polite to staff and appeared to mix well with other prisoners during association periods. He had periods of solitude, reading and watching TV in his cell.

88. On 3 March, Mr Capp told his workshop tutor that he felt very low and found it hard to cope with the number of people on F Wing. He was moved to a single safer cell on B1 landing. The F Wing manager held an ACCT review there with the B Wing manager and a member of staff from the prison chaplaincy. Mr Capp said that everything was getting on top of him. He felt that everyone on F Wing was talking about him and he was going to be murdered. He said he thought the whole wing were involved and while no one had made a direct threat to him, he was not stupid and he knew that they were talking about him.

89. The F wing manager said Mr Capp appeared anxious and paranoid and played with his fingers. Mr Capp said he had self-harmed before but not in prison. He explained how he had cut his wrist after becoming stressed at the hostel. Mr Capp said he had seen a member of the mental health team and wanted to see them again as he felt he had mental health issues related to anxiety. Mr Capp said he did not want to kill himself and did not think about harming himself. He felt that the move to B1 would help reduce his anxiety. The F wing manager described Mr Capp as having "bizarre paranoid behaviour".

90. On the afternoon of 4 March, Mr Capp moved to cell 20 on B1 Landing, which he shared with Mr Thomas.

5/6 March 2014

91. At 8.30am on 5 March, Mr Capp told an officer that he was OK and coped from day to day. He said he thought his offender manager had worded his recall paperwork incorrectly. Mr Capp's ACCT record shows that he came out of the cell during the association period. Staff encouraged him to join in playing pool but he shook his head. He appears to have spent the afternoon in his cell and came out only to collect his evening meal. There is no reference to any interaction with his cellmate, Mr Thomas.

92. The B Wing night officer recorded in Mr Capp's ACCT document that at 8.30pm and 10.30pm, Mr Capp was sitting on his bed watching TV. At 11.30pm he was asleep. At 12.35am, 1.30am and 2.30am, he was awake and sitting on his bed. The officer told the police that Mr Thomas was asleep at the time.

93. An operational support grade was the night patrol officer on A Wing, which is linked to B Wing. In practice, night staff on each wing cover both of them. The operational support grade told the police that he was in the office on A2 Landing when he heard a cell bell from B Wing at about 3.35am. He was covering both wings while his colleague took a break. He went immediately to the B Wing office, identified which cell the bell came from and went to cell 20. The electronic record for 6 March shows the bell was pressed at 3.22.02am and was answered at 3.22.48am.

94. The operational support grade said he opened the door observation panel and Mr Capp was standing immediately in front of him. He had not met Mr Capp or Mr Thomas before. He said Mr Capp looked calm and he asked him if he was all

right. Mr Capp replied, “I’m done”. He asked him what he meant and Mr Capp replied, “I’m done, sick”. He asked if Mr Capp needed a nurse or if he was depressed and wanted someone to talk to. Mr Capp moved to the side and put the cell light on. The operational support grade then saw Mr Thomas lying motionless on the floor, partially covered by a blanket and with a clear plastic bag pulled tightly over his head. He radioed for the custodial manager in charge of the prison to come immediately.

95. The custodial manager arrived quickly and said that Mr Thomas was lying motionless on the floor and Mr Capp was sitting on the top bunk bed. Mr Capp would not speak to him. He said he kicked the door but Mr Thomas did not respond. He asked the operational support grade to get three named officers. When they arrived, he went into the cell and asked Mr Capp what had happened. The custodial manager said he could not remember Mr Capp’s exact words, but he had said something like, “He threatened me so I strangled him.” The custodial manager moved Mr Capp to an unoccupied cell, told staff to watch him and went back to cell 20. One of the officers checked Mr Thomas but could not find a pulse or any other signs of life. He started to untwist the plastic bag from around Mr Thomas’ head but noticed there was blood inside. The custodial manager and the officer were certain that Mr Thomas was dead and decided the cell should be treated as a crime scene and left. The officer began to keep a log of the scene and the custodial manager organised the incident response.

96. The emergency response nurse on the night of 5/6 March told police that at about 3.25am she heard a call on her radio to go to B1. When she arrived, the custodial manager told her there had been a murder. Three officers were all outside cell 20. The nurse told them she had to check if Mr Thomas had a pulse. She went in and checked Mr Thomas’ wrist and neck but could not find a pulse. She said she considered starting cardiopulmonary resuscitation but Mr Thomas was obviously dead. She said the blood in the plastic bag had pooled over his mouth and it was obvious Mr Thomas was not breathing. She then went to see Mr Capp and asked him if he had any injuries and he said no. She asked him what had happened and Mr Capp replied, “I’m confused”.

97. The communications room log shows that police and ambulance were called at 3.41am. Police officers and paramedics arrived on B Wing at 4.00am. Paramedics attached a defibrillator to Mr Thomas but found no heart activity and pronounced him dead. The duty governor arrived at about 4.10am.

98. A prison GP said she received a telephone call at 3.42am asking her to come to the prison because there had been a death. She arrived at about 4.30am and learnt that a prisoner had been killed. She went to see Mr Capp and asked him what had happened. He said, “Darren (Mr Thomas) put a plastic knife to my eye and put his hands round my neck and said, “If you complain again I’m going to croak you”.” Mr Capp told her he then put a plastic bag around Mr Thomas’ head and banged his head on the floor. He said, “I’ve done what I did. I’ve been awake all night thinking about him.” The GP examined Mr Capp visually for injuries but found none. She said he was very calm.

Contact with Mr Thomas' family

99. The police informed Mr Thomas' family of his death during the morning of 6 March. At 3.00pm on 6 March, the Governor and the prison's family liaison officer went to see Mr Thomas' mother and stepfather at their home and offered condolences. The family liaison officer remained in contact with Mr Thomas' family. Mr Thomas' brother attended a memorial service for Mr Thomas in the prison chapel on 17 March. On 19 March, he visited his cell on B Wing. In line with Prison Service policy, the prison contributed to the costs of the funeral.

Support for prisoners and staff

100. After Mr Thomas' death, the Governor debriefed the staff involved in the emergency response to give them the opportunity to discuss any issues arising, and to support them. The staff care team and chaplaincy also offered support.

101. An officer arranged for prisoners on B1 landing to sign sympathy cards for Mr Thomas' family. The Governor wrote a letter to each prisoner on B1, thanking them for their cooperation and understanding as they were kept off the wing while the police examined Mr Thomas' cell. He asked them to speak to a member of staff, a member of the chaplaincy team or an Insider (peer supporter) if they had been affected by Mr Thomas' death. Staff reviewed all prisoners assesses as at risk of suicide and self-harm, in case they had been adversely affected by Mr Thomas' death.

Post-mortem report

102. The post-mortem and toxicology reports were not available at the time of writing.

Findings

Assessment of risk

103. A nurse and an officer did not identify Mr Capp's risk of suicide and self-harm in reception, although this was recognised later that evening. Mr Capp had a high number of risk factors, which should have been spotted and the court liaison team had telephoned specifically to alert reception staff to his risk. We have made a number of recommendations to Cardiff in previous investigations about the failure to assess risk of suicide and self-harm adequately in reception and it is concerning that this happened again with Mr Capp. However, as the failure was not directly related to Mr Thomas' death we do not make a formal recommendation about this matter.

104. Prison Service Instruction 9/2011 about cell sharing risk assessment (CSRA) says:

> "The CSRA process assesses the risk that a prisoner will murder or be severely violent towards a cellmate. Following extensive research, the indicators of heightened risk are now well known and most can be checked quickly from evidence sources."

105. PSI 9/2011 instructs that risk assessments must be completed as part of the reception process when prisoners are first received into custody. There is a mandatory requirement that where any evidence of risk is found "a manager must assess the evidence and decide whether the prisoner is standard or high risk." The cell sharing risk assessment process, including managers' assessments, must be based on evidence of risk and completed before allocation to a shared cell. A previous conviction for arson is considered a strong indicator that a prisoner is high risk to others.

106. The officer identified that Mr Capp's original offence was arson and referred him for a manager's assessment, which, at Cardiff, take place on the second day. Because Mr Capp arrived on a Friday, the assessment took place the following Monday, the next working day. When interviewed, the officer could not remember what information she had considered. She wrote, "Shared cell please!!" on the local risk assessment form and Mr Capp moved from reception to a shared cell on C Wing. However, where evidence of risk is found the PSI says that a manager must decide on the risk rating. An officer can only authorise standard risk when there is no evidence of risk.

107. Three days after Mr Capp arrived, the custodial manager assessed his risk using his PNC record and all the other information. He decided that Mr Capp should be standard risk. He said that he took into account that Mr Capp's arson offence was an act of self-harm, he did not have a history of violent offending or violence in prison, there were no medical concerns on his CSRA and he was known to have previously shared a cell without any issues. He took into account that Mr Capp wanted the support of a cellmate. We consider that the custodial manager properly considered all the evidence about Mr Capp's risk and that this was a reasonable conclusion. However, he should not have moved directly to a shared cell before the manager's assessment had taken place.

108. PSI 09/2011 lists circumstances when a prisoner should have their CSRA reviewed. Two of these are frequent cell changes (when a prisoner's behaviour is objectionable to other prisoners sharing with them) and paranoia (frequent strange fears that other people are planning to hurt them). Another is bizarre behaviour. On 11 February, Mr Capp told a chaplain that he believed he would be killed in prison. On 15 February, he told a nurse that he thought he would be tortured and killed on F Wing. Two of Mr Capp's cellmates asked to be moved because of his paranoid behaviour. One told officers that Mr Capp thought someone was coming to beat him up every time he had an ACCT check.

109. An officer told the investigator that he thought that his cellmates had asked for moves because they were immature and Mr Capp did not fit in with them. His concern was that Mr Capp was vulnerable to being bullied. The officer said that, when he later chose a more mature cellmate for Mr Capp, they got on well. However, Mr Capp continued to be paranoid. On 3 March, Mr Capp said that he thought he would be murdered on F Wing and the F wing manager wrote on his ACCT document that he demonstrated "bizarre paranoid behaviour".

110. We recognise that it is very difficult to identify prisoners who are likely to seriously assault or kill a cellmate. The mental health professionals who treated Mr Capp in hospital and his offender manager did not think that Mr Capp was capable of the level of violence he demonstrated by murdering Mr Thomas. The focus of their concern and the concern of prison staff was on keeping him safe. Mr Capp's apparent vulnerability, withdrawn demeanour and suicidal thoughts seem to have overshadowed the indicators that he was a potential danger to others.

111. We consider the frequent changes of cellmate and his paranoid fears and behaviour should have prompted a multidisciplinary review of his risk for cell sharing, in line with the Prison Service Instruction. Mr Capp had made a number of threats of violence at hospital and reported sadistic fantasies. His mental health record since 2012, including reports by several psychiatrists, was known to healthcare staff at Cardiff but not to officers. A multidisciplinary review might have identified concerns about his risk of violence to cellmates.

112. At the time of the ACCT review on 3 March, Mr Capp was on his own in a safer cell on B1 landing. The next day, he was moved to a shared cell with Mr Thomas. Mr Thomas was by all accounts a very vulnerable man. Because of Mr Thomas' vulnerability and the fact that three previous cellmates had found it difficult to share with Mr Capp, two because of his paranoid behaviour, we consider more thought should have been given to putting Mr Thomas and Mr Capp in a cell together.

113. We are concerned that, despite his identified risk factors when he first arrived, Mr Capp was allowed to share a cell before a manager's assessment and that his subsequent behaviour did not prompt a review of his CSRA as PSI 09/2011 advises. We make the following recommendation:

The Governor should ensure that prisoners with risk indicators for cell sharing do not share a cell until a manager has assessed the risk based on all the evidence and that a multidisciplinary team reviews the risk for sharing when a prisoner's behaviour indicates a possible change.

Mental health assessment

114. On 7 February a nurse referred Mr Capp for a mental health assessment because he had been identified as at risk of suicide and self-harm and he had previous contact with the mental health team. A nurse from the primary mental health team saw Mr Capp as a crisis intervention at the request of wing staff on 8 February. The next weekend, on 15 February, she asked a community psychiatric nurse from the in-reach team who was working on Mr Capp's new wing, to check on him. The community psychiatric nurse said that wing staff had also been concerned about him. Neither the nurse from the primary mental health team nor the community psychiatric nurse read his notes before talking to him but both concluded that he needed ongoing support. There is no record what form this ongoing support was to take.

115. Mr Capp's record shows that wing staff were told he was due to be assessed by the mental health team on 17 February but this did not take place. A nurse attended his ACCT review the same day and said she would put him on the list to see the GP for his anxiety. Apart from this, no healthcare staff attended any of Mr Capp's ACCT reviews and no one from the mental health team saw Mr Capp again. Despite the referral on 7 February, Mr Capp had not had a formal mental health assessment, by the time of Mr Thomas' death, one month later.

116. We expect that every prisoner identified as being at risk of suicide and self-harm should have a full mental health assessment, especially when the prisoner has an extensive and complex psychiatric history, as Mr Capp had. While we cannot know that a full mental health assessment would have concluded that Mr Capp was a risk to other prisoners (and this seems unlikely in view of his previous assessments), this was a missed opportunity to identify whether there had been any change in Mr Capp's mental health, which had affected his risk to others. We make the following recommendation:

    The Governor and Head of Healthcare should ensure that the prisoners identified as at risk of suicide and self-harm are referred urgently for a prompt mental health assessment.

Emergency response

117. Homicides in prisons in England and Wales are rare. We understand that the staff who found Mr Thomas were very shocked and it is apparent from witness accounts that Mr Thomas was already dead at the time Mr Capp rang the cell bell. The staff checked for signs of life and were satisfied that Mr Thomas was dead and to attempt resuscitation would be futile. A serious crime had been committed and the staff were aware of the need to preserve the evidence. In the circumstances, we accept that they made a reasoned decision not to attempt cardiopulmonary resuscitation.

118. As the staff had no doubt that Mr Thomas was dead, they did not use an emergency medical code. While it would usually be preferable to radio an emergency code to call an ambulance immediately, we understand why this did not happen in these circumstances. We therefore make no recommendation.

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